

**WASHINGTON COUNTY SHERIFF'S OFFICE**  
750 SOUTH 5400 WEST  
HURRICANE, UT 84737  
(435) 656-6500

**OFFICE SPECIALIST APPLICATION CHECKLIST**

In order to obtain complete information, which can be used in making hiring decisions, all applicants are required to complete an official application packet. Resumes will be not accepted in lieu of the packet. Incomplete application packets will result in disqualification from the application process.

- ☐ Notarized copy of the "Authorization to Release Information" form
- ☐ Complete Employment Application
- ☐ Copy of Typing Test (40 wpm)
- ☐ Copy of Birth Certificate
- ☐ Copy of Social Security Card
- ☐ Copy of Driver's License
- ☐ Copy of High School Diploma or GED
- ☐ Copy of College Diploma (if applicable)
- ☐ Copy of College Transcripts (if applicable)
- ☐ If prior military, a copy of Certificate of Release or Discharge
- ☐ Current copy of Credit Report
- ☐ Current and official copy of Driver's License History

A full-face photograph of yourself, no smaller than 2.5" x 2.5". This photo must have been taken within the last three months. (This is not required, but is of assistance in identifying you during interviews conducted during the background investigation.

WASHINGTON COUNTY SHERIFF'S OFFICE

**AUTHORIZATION TO RELEASE INFORMATION**

Effective July 1, 2003, Utah Code Section 53-14-101 requires employers to provide requested background information on current or former employees who are applying for employment as law enforcement officers when such information is requested by a law enforcement agency for the purpose of determining the applicant's suitability.

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As an applicant for a position with the Washington County Sheriff's Office, I am required to furnish information for use in determining my qualification. In this connection, in response to a written request from the Sheriff's Office, I authorize release of my employment history, including dates of employment, compensation, employment applications, performance evaluations, records of disciplinary action, rehire eligibility, and reasons for termination. I authorize the release of all such information regardless of whether it is otherwise confidential, privileged, sealed or understood to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters. I understand that the disclosure of requested information will be restricted only pursuant to federal or state law.

I understand that the information received will be used as provided in Section 53-14-101. I also understand that I will not receive, and am not entitled to know the contents of confidential reports received.

I hereby release, discharge, and exonerate the agencies, their agents, and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records, and other information, and this release shall be binding on my legal representatives, heirs and assigns.

I understand that my falsification of data or other discreditable information discovered as a result of this investigation may prevent me from being hired, or if hired, may subject me to immediate dismissal from employment with the Washington County Sheriff's Office.

**(MUST BE SIGNED IN THE PRESENCE OF A NOTARY)**

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public: \_\_\_\_\_

Residing at: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Date filed: \_\_\_\_\_

WASHINGTON COUNTY SHERIFF'S OFFICE

**EMPLOYMENT APPLICANT**

Office of Human Resources  
197 East Tabernacle  
St. George, UT 84770  
Telephone (435) 652-5878

A thorough background investigation is an essential part of the selection process. All candidates will undergo a thorough background check. Only applicant with backgrounds that indicate a high level of integrity, dependability and effective personal habits will be considered.

In order to facilitate our inquiry, we asked that you fill out all of the information requested. All information and statements in your questionnaire are subject to verification. It is absolutely paramount that this form be filled out completely and accurately. **IF THERE IS ANY WILLFUL MISREPRESENTATION OF FACTS, YOU MAY BE ELIMINATED FROM FURTHER CONSIDERATION AS AN EMPLOYEE WITH THE WASHINGTON COUNTY SHERIFF'S OFFICE.**

If the space provided is inadequate, add another page and identify the additional information by item number.

FAILURE TO COMPLETELY ANSWER AND EXPLAIN ALL NECESSARY QUESTIONS CAN LEAD TO DELAYS IN THE HIRING PROCESS OR ELIMINATE YOU AS AN APPLICANT.

NOTE. So-called negative responses ("yes" response to a question like "Have you ever been arrested?") are not considered as grounds, per se, for disqualification if a complete explanation of the situation is attached.

*To be typed, legibly printed, or hand written with ink.*

Position Applying for: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

What certification(s) do you currently have? \_\_\_\_\_

Are you related to someone currently employed by Washington County? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide their name and relationship to you.

\_\_\_\_\_  
\_\_\_\_\_

**I. IDENTIFICATION** Social Security #: \_\_\_\_\_

1. Name: \_\_\_\_\_  
Last First Middle Maiden

2. Alias: Give any other names you have used or been known by and attach a statement giving reasons (if none, so state).

3. Address: \_\_\_\_\_  
Street City State Zip

With whom do you reside? \_\_\_\_\_

Residence Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_

4. Are you a citizen of The United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Natural Born: \_\_\_\_\_ Naturalized: \_\_\_\_\_

5. What are your special skills, and abilities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. MARRIAGE AND FAMILY**

1. Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

If married, are you living with your spouse? \_\_\_\_\_

Give the following information regarding marriage or marriages:

When	Where	By Whom	Wife's Maiden Name

2. Are you supporting all children born to you, adopted by you, and stepchildren?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, give details: \_\_\_\_\_

Are you currently paying child support? Yes \_\_\_\_\_ No \_\_\_\_\_

To whom are the payments made? \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

3. If engaged to be married, state the following for you prospective spouse:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

4. List all living relatives requested below; include their address and phone number. Also list children and any other living relatives you have a close personal relationship with. (Use extra paper if necessary).

If living, name of your:

Address where person can  
be contacted:

Telephone where person  
can be contacted:

Father	City, State, Zip	( ) Home ( ) Work ( ) Other
Mother	City, State, Zip	( ) Home ( ) Work ( ) Other
Father In Law	City, State, Zip	( ) Home ( ) Work ( ) Other
Mother In Law	City, State, Zip	( ) Home ( ) Work ( ) Other
Sisters & Brothers	City, State, Zip	( ) Home ( ) Work ( ) Other
	City, State, Zip	( ) Home ( ) Work ( ) Other
	City, State, Zip	( ) Home ( ) Work ( ) Other
	City, State, Zip	( ) Home ( ) Work ( ) Other

Other relatives with whom you have a close personal relationship:

	City, State, ZIP	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	City, State, ZIP	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	City, State, ZIP	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	City, State, ZIP	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	City, State, ZIP	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

### III. RESIDENCES

1. List the name and address of the individuals you have resided with since your 10<sup>th</sup> birthday or over the past 15 years, whichever is least. Start with the present address at the top. Use a separate sheet of paper if necessary.

	City, State, ZIP	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	City, State, ZIP	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	City, State, ZIP	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	City, State, ZIP	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	City, State, ZIP	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	City, State, ZIP	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

#### IV. WORK HISTORY

1. List every civil service competitive exam you have taken, if none so state.

Agency	Exam Date	Position on List	Status

2. If you were ever placed on a civil service eligibility list and were not hired, state why.

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3. Were you ever rejected for a civil service position? Yes \_\_\_\_\_ No \_\_\_\_\_

4. List and describe all work or work related experiences (full or part time) in chronological order, beginning at age 18. This will include such areas as education and military. Use additional paper if necessary.

#### WORK HISTORY

From \_\_\_\_\_ To \_\_\_\_\_ Exact Title of Position: \_\_\_\_\_

Name, Address & Telephone # of Employer: \_\_\_\_\_

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Description of your duties: \_\_\_\_\_

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Name & title of your supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Number supervised: \_\_\_\_\_ Salary per month: \$ \_\_\_\_\_

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From \_\_\_\_\_ To \_\_\_\_\_ Exact Title of Position: \_\_\_\_\_

Name, Address & Telephone # of Employer: \_\_\_\_\_

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Description of your duties: \_\_\_\_\_

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Name & title of your supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Number supervised: \_\_\_\_\_ Salary per month: \$ \_\_\_\_\_

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From \_\_\_\_\_ To \_\_\_\_\_ Exact Title of Position: \_\_\_\_\_

Name, Address & Telephone # of Employer: \_\_\_\_\_

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Description of your duties: \_\_\_\_\_

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Name & title of your supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Number supervised: \_\_\_\_\_ Salary per month: \$ \_\_\_\_\_

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From \_\_\_\_\_ To \_\_\_\_\_ Exact Title of Position: \_\_\_\_\_

Name, Address & Telephone # of Employer: \_\_\_\_\_

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Description of your duties: \_\_\_\_\_

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Name & title of your supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Number supervised: \_\_\_\_\_ Salary per month: \$ \_\_\_\_\_

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From \_\_\_\_\_ To \_\_\_\_\_ Exact Title of Position: \_\_\_\_\_

Name, Address & Telephone # of Employer: \_\_\_\_\_

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Description of your duties: \_\_\_\_\_

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Name & title of your supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Number supervised: \_\_\_\_\_ Salary per month: \$ \_\_\_\_\_

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5. List below any extended absences you have had from work and describe the causes:

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## V. MILITARY

1. Have you ever served in the military? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Branch of service: \_\_\_\_\_ Company: \_\_\_\_\_  
Regiment: \_\_\_\_\_ Division: \_\_\_\_\_ Company: \_\_\_\_\_
3. What was your service number? \_\_\_\_\_
4. Highest rank held? \_\_\_\_\_
5. What type of discharge? (Honorable, dishonorable, medical etc.).  
\_\_\_\_\_
6. Location and date of entrance? \_\_\_\_\_
7. Location of date of discharge? \_\_\_\_\_
8. Have you ever been denied entrance into the military? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, why? \_\_\_\_\_
9. Are you currently an active member of the National Guard or Reserves?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Unit? \_\_\_\_\_

## VI. EDUCATION

1. List the schools you attended and the courses completed. If you cannot remember, so state.

School Name & Location	Years Attended	Date Graduated	Course of Study
High School:			
College:			
Graduate:			
Specialty:			

2. Have you ever been suspended or expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_
3. List any other training you have that relates to public safety: \_\_\_\_\_  
\_\_\_\_\_

## **VII. POLICE AND THE COURTS**

1. Have you ever been arrested for, or charged with violating any law, other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in detail every arrest or charge on a separate sheet of paper. Include date, location, nature of the alleged violation, circumstances surrounding the alleged violation, court appearances, disposition etc.

2. Have you ever been convicted of violating any law, other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in detail every conviction on a separate sheet of paper. Include the date, location, nature of the offense, circumstances surrounding the offense, court appearances, case disposition etc.

3. Have you ever received a summons or subpoena? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in detail all such incidents on a separate sheet of paper. Include date, location, and nature of summons or subpoena.

4. Have you ever been placed on probation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in detail on a separate sheet of paper. Include the date, location, circumstances, court, probation, authority etc.

5. Have you ever been fingerprinted by a police agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below.

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

## **VIII. DRIVING**

1. Can you operate a motor vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you possess a valid Utah Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_

License Number: \_\_\_\_\_ Type: \_\_\_\_\_

3. Do you possess or have you possessed a driver's license from any other state?

Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, give State and number. \_\_\_\_\_

4. Have you ever been denied a driver's license or had your license suspended or removed for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, explain each incident IN DETAIL on a separate sheet of paper.

5. List all traffic citations that you have received during the past ten years. If none, indicate. (Use extra paper if necessary.) For each citation, specify date, nature of the offense, and any other relevant information.

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#### IX. FINANCIAL OBLIGATIONS

1. Have you ever been denied credit? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, indicate when, where, and the reason given for the refusal.

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2. Have you ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, write a statement giving all the details.

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3. Have you ever had, or do you presently have any loan, debt, garnishee, or judgment pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, list each one and indicate the nature of the judgments and all relevant information. (Use extra paper if necessary.)

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4. Do you have a checking or savings account? Yes \_\_\_\_ No \_\_\_\_\_. If yes, identify the banking company, the location, and the type of account.

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**X. JOB RELATED**

1. Do you consider yourself able to perform the essential functions of a correctional or civilian officer? (Obtain position description) Yes \_\_\_\_ No \_\_\_\_\_. If no, give details below:

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2. Do you object to wearing a uniform? Yes \_\_\_\_ No \_\_\_\_

3. Do you object work working nights? Yes \_\_\_\_ No \_\_\_\_

4. Have you had experience working shift work? Yes \_\_\_\_ No \_\_\_\_

5. Do you drink alcoholic beverages? Yes \_\_\_\_ No \_\_\_\_\_. If yes, to what degree?

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6. Have you ever used marijuana? Yes \_\_\_\_ No \_\_\_\_\_. If yes, when was the last time?

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7. Have you ever used amphetamines such as methamphetamine, Dexedrine or "speed?"

Yes \_\_\_\_ No \_\_\_\_\_. If yes, when was the last time?

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8. Have you ever used other illegal drugs, opiates, pills, etc? Yes \_\_\_\_ No \_\_\_\_\_. If yes, When was the last time?

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9. Have you ever abused prescription drugs? Yes \_\_\_\_ No \_\_\_\_\_. If yes, explain in detail. Include the dates, location, and circumstances.

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10. Have you ever used alcohol or drugs to a degree where your critical faculties were impaired in exercising sound judgment while working or where the situation urgently required coordination? (Driving, operating equipment, etc.) Yes \_\_\_\_ No \_\_\_\_\_. If yes, explain in detail. Include the dates, location, and circumstances.

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11. Will you voluntarily submit to a drug test? Yes \_\_\_\_ No \_\_\_\_\_.

12. Have you ever used force or engaged in an act of violence in dealing with an individual or group of persons? Yes \_\_\_\_ No \_\_\_\_\_? If yes, describe all relevant particulars including date, location, specific nature of your activity and involvement, the consequences of your behavior, etc. (Use extra paper if necessary).

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13. If it becomes necessary in the course of duty to take a human life, would you have reluctance to do so because of religious or other beliefs? Yes \_\_\_\_ No \_\_\_\_\_.

14. List below five (5) references (non-family members) with addresses and telephone numbers:

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Read the following paragraph carefully before signing this statement.

I certify that all statements made in this application are true and complete, and understand that any misrepresentation of material fact may subject me to disqualification or dismissal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Washington County is an Equal Opportunity Employer**

It is the policy of Washington County Government to provide and promote equal opportunity employment compensation and other terms and conditions of employment without discrimination because of race, color, sex, religion, national origin, age or disability. The County provides reasonable accommodations to the known disabilities of applicants in compliance with the Americans with Disabilities Act.